pe a plus sign (+) inside this box



POWER OF ATTORNEY OR

COPY OF PAPERS ORIGINALLY FILED



10/081.724

Mark Thomas Lavelle

2/20/02

HIGH-FREQUENCY WIRELESS PERIPHERAL DEVICE WITH AUTO-CONNECTION AND

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number

First Named Inventor

Filing Date

Title

AUTHORIZATION OF AGENT AUTO-SYNCHRONIZATION 2631 **Group Art Unit** Not yet assigned **Examiner Name** 9623E-035000 **Attorney Docket Number** I hereby appoint: *20350* ☑ Practitioners at Customer Number 20350 Practitioner(s) named below: ATENT TRADEMARK OFFICE Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. ☐ Practitioners at Customer Number Firm or Individual Name Address **Address** City State ZIP Country Telephone I am the: ■ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name どししむ Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. WC 9039825 v1

Submit multiple forms if more than one signature is required, see below*.

*Total of 1 form is submitted.